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CLINICAL FEATURES OF OSTEOARTHRITIS IN PATIENTS WITH
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Introduction. A modern patient is characterized by a combination of several chronic diseases – polymorbidity. In such circumstances, patients with osteoarthritis (OA) deserve special attention, because, as a rule, they have 5-6 comorbidities. High comorbidity in OA is due to a significant risk of other pathologic conditions in these patients.

In recent years, the researchers' attention is attracted to the prevalence of thyroid abnormalities, primarily autoimmune thyroiditis (AIT), among patients with OA.

Therefore, **the aim** of our study was to investigate the clinical features of the comorbidity of OA and AIT depending on the level of thyroid hormones.

Material and Methods. 15 patients were examined with OA and AIT, which formed the main group and 10 patients with isolated OA included in the comparison group. The diagnosis of OA was established under criteria of the American College of Rheumatology (ACR, 1990) and recommendations of the Association of Rheumatology of Ukraine (2005). We conducted a clinical examination with the joint function definition, articular index calculation (WOMAC and Lequesne Scores), study of the serum level of thyroid hormones, joints radiography and thyroid ultrasound. Statistical analysis was performed using the software package Statistica for Windows.

Results. Our study showed that the average age of the examined patients was $56,0 \pm 5,3$ years and the majority of patients was women (73%). We founded that in patients with AIT the occurrence of OA was at a younger age comparing with the control group ($37,1 \pm 0,5$ and $46,3 \pm 1$ years), and OA was usually in generalized form (53,3 % of cases). Isolated knee lesions was observed in 5 patients (33,3%), hand lesions - in 2 patients (13,3%). The same tendency to an earlier debut of OA was higher in a group of AIT patients with hypothyroidism (60% of patients) than in euthyroid (33,3%) and hyperthyroid patients (7%). Levels of pain at rest ($40,23 \pm 1,64$), on exertion ($63,2 \pm 1,51$), and Lequesne index ($11,03 \pm 0,88$) in patients with AIT were higher than the same marks in isolated OA.

Conclusion. AIT availability leads to earlier occurrence of OA and is associated with generalized joint damage. In addition, the lack of thyroid function makes the course of joint pathology more pronounced. Thus, AIT with hypothyroidism can be considered as a risk factor of the OA development.